

SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

Name of Petitioner (in original case)

Case Number: _____

Name of Respondent (in original case)

ORDER MODIFYING

- ☐ PARENTING TIME ("VISITATION") or
☐ PARENTING TIME AND CHILD
 SUPPORT

THE COURT FINDS:

1. This case has come before this court for a final Order based upon the agreement of the parties.
2. This court has jurisdiction to change parenting time and/or support, and has jurisdiction over the parties. Where it has the legal power to do so and where it is applicable to the facts of this case, this court has considered, approved, and made Orders relating to parenting time and/or support.
3. This Order applies to the following children:

NAME(S)	DATES OF BIRTH /AGE (Month/Day/Year)
_____	_____
_____	_____
_____	_____
_____	_____
4. **GROUND FOR CHANGING PARENTING TIME and/or Child Support.** Based upon the stipulation (agreement) of the parties, it is in the best interest of the child(ren) to change parenting time and/or child support at this time.

THE COURT ORDERS:

The Order regarding parenting time and/or support dated _____ is changed as follows:

A. PARENTING TIME:

1. ☐ **Reasonable parenting time** to the parent who does not have custody according to the Maricopa County Parent/Child Parenting Time Guidelines. **(OR)**
2. ☐ **Reasonable parenting time** to the parent who does not have custody according to the Parenting Plan attached. **(OR)**
3. ☐ **Supervised parenting time** but only in the presence of another person, who is named below or otherwise approved by the Court:

The cost of supervised parenting time shall be paid by:

☐ Mother or ☐ Father or ☐ shared equally by the parties, or as follows: _____

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Restrictions on parenting time: _____

(OR)

4. ☐ No parenting time rights to ☐ Mother or ☐ Father due to:

5. ☐ Other parenting time: (explain) _____

B. CHILD SUPPORT.

☐ Child Support is unchanged, or

☐ Mother or ☐ Father shall pay child support to other party in the amount of \$ _____, per month, payable on the first day of each month, beginning the first day of month following the signing of this Order. All child support payments shall be made through the Support Payment Clearinghouse by the attached Order of Assignment, and shall include an additional statutory fee for processing.

Child Support is based on the information in the Child Support Worksheet attached hereto and incorporated by reference, and the Arizona Child Support Guidelines, OR

☐ **CHILD SUPPORT DEVIATION.** The court, having considered the best interests of the child(ren), deviates from the Guidelines for the following reasons. (Describe reasons.) _____

c. MEDICAL, DENTAL, VISION CARE.

☐ **Mother** is responsible for providing: ☐ medical ☐ dental ☐ vision care insurance.

☐ **Father** is responsible for providing: ☐ medical ☐ dental ☐ vision care insurance.

Medical, dental, and vision care insurance, payments and expenses are based on the information in the Child Support Worksheet attached and incorporated by reference. The party ordered to pay must keep the other party informed of the insurance company name, address and telephone number, and must give the other party the documents necessary to submit insurance claims.

Non-Covered Expenses. Mother is ordered to pay _____ %, AND Father is ordered to pay _____ % of all reasonable uncovered and/or uninsured medical, dental, vision care, prescription and other health care charges for the minor child(ren), including co-payments.

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D. FEDERAL INCOME TAX DEDUCTION.

Child's Name	Date of Birth (Month, Day, Year)	Parent Entitled to Deduction	For Calendar Year
		<input type="checkbox"/> Mother <input type="checkbox"/> Father	
		<input type="checkbox"/> Mother <input type="checkbox"/> Father	
		<input type="checkbox"/> Mother <input type="checkbox"/> Father	
		<input type="checkbox"/> Mother <input type="checkbox"/> Father	

For years following those listed above while this Child Support Order remains in effect, the parties shall repeat the pattern above of claiming deductions for each child.

E. MEDIATION. The parties are required pursue court sponsored or private mediation or other form of **ADR** (Alternative Dispute Resolution) prior to filing for any future modification of custody or parenting time, or if regarding non-parent, "visitation".

F. OTHER ORDERS. This court makes further Orders relating to this matter as follows:

DONE IN OPEN COURT: _____.

JUDGE OR COURT COMMISSIONER

Case No. _____

ORDER MODIFYING PARENTING TIME or PARENTING TIME AND SUPPORT BASED UPON STIPULATION (AGREEMENT) OF THE PARTIES

Do not write or sign below this line until you are instructed to do so by Court Clerk or Notary.

OATH OR AFFIRMATION OF THE PARTIES

I have read and understand the terms of this Order to which I have agreed. I have entered this agreement of my own free will and not because of any threat or coercion.

Signature of Petitioner

Date Signed

Printed Name of Petitioner

Affirmed before me this date: _____

My Commission Expires/Seal

Deputy Clerk or Notary Public

Signature of Respondent

Date Signed

Printed Name of Respondent

Affirmed before me this date: _____

My Commission Expires/Seal

Deputy Clerk or Notary Public

Date

IV-D Representative (if applicable)

Approved as to form and content by the parties' lawyers (if applicable):

Petitioner's Lawyer: _____

Respondent's Lawyer: _____

Attorney General Signature: _____